



REQUEST FOR INFORMATION

In order to keep our records current, please complete and return this form to:

**Health Professions Education Foundation
400 R Street, Suite 330
Sacramento, CA 95811**

PLEASE CHECK ALL THAT APPLY:

- ☐ I am currently enrolled in a health professional program and expect to graduate:
_____. **(Please attach enrollment verification/class schedule.)**
(month/year)
- ☐ I am not currently enrolled in a health professional program. I anticipate enrollment in a health professional program for the _____ term.
(semester/year)
- ☐ I am currently employed as a _____ at _____
(position title) (name of facility). **(Please attach employment verification.)**
- ☐ None of the above apply to me. **(Please explain your current academic and/or employment status. Continue on the back of this page if necessary.)**

- ☐ I have not passed my state boards exam, but plan on taking them _____.
(month/year)

PLEASE CHECK ONE:

- ☐ Check here if there has been a change of address or telephone number.
- ☐ Check here if you would like to receive correspondence via E-mail.

_____ Last Name	_____ First Name	_____ Middle Initial	
_____ Signature			
_____ Address	_____ City	_____ State	_____ Zip
_____ Phone Number	_____ E-mail		

PLEASE CONTACT OUR OFFICE AT (800) 773-1669, IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM